

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:  
IPEA/ \_\_\_\_\_

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:  
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>	
International application No. PCT/EP2004/006974	Applicant's or agent's file reference 402904WO
International filing date (day/month/year) 25 June 2004	(Earliest) Priority date (day/month/year) 27 June 2003
Title of invention Method for managing content	
<b>Box No. II APPLICANT(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) KONINKLIJKE KPN N.V. Maanplein 55 2516 CK THE HAGUE The Netherlands	
Telephone No. +31 70 4460678	
Facsimile No. +31 70 4460840	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: NL	State (that is, country) of residence: NL
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) VAN STEENBERGEN Ate Sander Framaheerd 82 9737 NN GRONINGEN The Netherlands	
State (that is, country) of nationality: NL	State (that is, country) of residence: NL
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) DE VRIES Bob Richard Meerweg 102 9752 JL HAREN The Netherlands	
State (that is, country) of nationality: NL	State (that is, country) of residence: NL
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

## Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

VAN DER VELDE Reanne Martine  
Salvador Allendeplein 62  
9728 TM GRONINGEN  
The Netherlands

State (that is, country) of nationality:  
NL

State (that is, country) of residence:  
NL

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

BANUS René  
G.J. Boekhovenstraat 8  
9728 VK GRONINGEN  
The Netherlands

State (that is, country) of nationality:  
NL

State (that is, country) of residence:  
NL

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

☐ Further applicants are indicated on another continuation sheet.

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The following person is ☒ agent ☐ common representative  
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.  
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.  
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation.  
 The address must include postal code and name of country.)

WUYTS Koenraad Maria  
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Telephone No.

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Facsimile No.

+31 70 4460840

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☒ as originally filed  
☐ as amended under Article 34

the claims ☒ as originally filed  
☐ as amended under Article 19 (together with any accompanying statement)  
☐ as amended under Article 34

the drawings ☒ as originally filed  
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☒ which is the language in which the international application was filed.  
☐ which is the language of a translation furnished for the purposes of international search.  
☐ which is the language of publication of the international application.  
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

## Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |  |   |        |
|--|---|--------|
| 1. translation of international application                              | : | sheets |
| 2. amendments under Article 34   | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19  | : | sheets |
| 5. letter  | : | sheets |
| 6. other (specify)   | : | sheets |

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received	not received
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

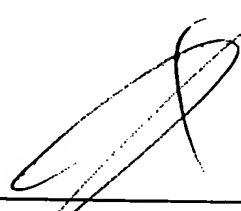
The demand is also accompanied by the item(s) marked below:

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet  | 5. <input type="checkbox"/> statement explaining lack of signature                         |
| 2. <input type="checkbox"/> original separate power of attorney                                     | 6. <input type="checkbox"/> sequence listing in computer readable form                     |
| 3. <input type="checkbox"/> original general power of attorney                                      | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify):   |

## Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

WUYTS Koenraad Maria



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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

- |  |  |
|--|--|
| 3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.<br><input type="checkbox"/> The applicant has been informed accordingly. | 6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.                        |
| 4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.   | 7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.   |
| 5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.   | 8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82. |

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Demand received from IPEA on:

# PCT

## CHAPTER II

### FEE CALCULATION SHEET

#### Annex to the Demand

<p>International application No. <b>PCT/EP2004/006974</b></p> <p>Applicant's or agent's file reference <b>402904WO</b></p> <p>Applicant <b>KONINKLIJKE KPN N.V.</b></p>	<p>For International Preliminary Examining Authority use only</p> <p>Date stamp of the IPEA</p>								
<p><b>CALCULATION OF PRESCRIBED FEES</b></p> <p>1. Preliminary examination fee ..... <b>EUR 1530,--</b> <span style="border: 1px solid black; padding: 0 5px;">P</span></p> <p>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) ..... <b>EUR 129,--</b> <span style="border: 1px solid black; padding: 0 5px;">H</span></p> <p>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p><b>EUR 1659,--</b></p> <p><b>TOTAL</b></p> </div>									
<p><b>MODE OF PAYMENT</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td> <td><input type="checkbox"/> cash</td> </tr> <tr> <td><input type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>		<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash								
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps								
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons								
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):								
<p><b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> (<i>This mode of payment may not be available at all IPEAs</i>)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.</p> <p><input checked="" type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.</p> </div> <div style="width: 50%;"> <p>IPEA/ <u>EPO</u></p> <p>Deposit Account No.: <u>2 809 0011</u></p> <p>Date: <u>7 January 2005</u></p> <p>Name: <u>K.M. Wuyts</u></p> <p>Signature: _____</p> </div> </div>									

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To be returned to authoris  e  
Copie destin  e au mandataire

AV Nr. (bitte bei jeder Korrespondenz angeben)  
GA No. (please quote in all correspondence)  
PG n   (pri  re de mentionner dans toute correspondance)

21396 (rev)

**ALLGEMEINE VOLLMACHT  
GENERAL AUTHORISATION  
POUVOIR GENERAL**

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Ich (Wir) / I (We) / Je (Nous)

Koninklijke KPN N.V.  
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2516 CK The Hague  
The Netherlands

Koninklijke KPN N.V.  
Intellectual Property Group  
P.O. Box 95321  
2509 CH The Hague  
The Netherlands

bevollm  chtigte(n) hiermit / do hereby authorise / autorise (autorisons) par la pr  sente

the following employee of Koninklijke KPN N.V.

Wuyts, Koenraad Maria ( Professional Representative )

Mailing address : Koninklijke KPN N.V.  
Intellectual Property Group  
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2509 CH The Hague  
The Netherlands

mich (uns) in den durch das Europ  ische Patent  bereinkommen geschaffenen Verfahren in allen meinen (unseren) Patentangelegenheiten zu vertreten,  
alle Handlungen f  r mich (uns) vorzunehmen und Zahlungen f  r mich (uns) in Empfang zu nehmen.  
to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions and to receive  
payments on my (our) behalf.

   me (nous) repr  senter pour ce qui concerne toutes mes (nos) affaires de brevet dans toute proc  dure institu  e par la Convention sur le brevet europ  en  
et,    ce titre,    agir en mon (notre) nom et    recevoir des paiements pour mon (notre) compte.

☐ Die Vollmacht gilt auch f  r Verfahren nach dem Vertrag   ber die internationale Zusammenarbeit auf dem Gebiet des Patentwesens.  
This authorisation shall also apply to the same extent to any proceedings established by the Patent Cooperation Treaty.  
Ce pouvoir s'applique   galement    toute proc  dure institu  e par le Trait   de coop  ration en mati  re de brevets.

☐ Weitere Vertreter sind auf einem gesonderten Blatt angegeben. / Additional representatives indicated on supplementary sheet.  
Les autres mandataires sont mentionn  s sur une feuille suppl  mentaire.

☐ Untervollmacht kann erteilt werden. / Sub-authorisation may be given. / Le pouvoir pourra   tre d  l  gu  .

☐ Bitte die gelbe Kopie, erg  nzt um die Nr. der allgemeinen Vollmacht, an den Vollmachtgeber zur  cksenden.  
Please return the yellow copy, supplemented by the General Authorisation No., to the authorisor.  
Pri  re de renvoyer la copie jaune au mandant, munie du n   du pouvoir g  n  ral.

Ort / Place / Lieu

Unterschrift(en) / Signature(s)

Datum / Date

09-06-2004

K.M. Wuyts ( Head Intellectual Property Group )

Das Formblatt mu   vom (von den) Vollmachtgeber(n) (bei juristischen Personen vom Unterschriftsberechtigten) eigenh  ndig unterzeichnet sein. Nach der Unterschrift bitte den  
(die) Namen des (der) Unterzeichneten mit Schreibmaschine wiederholen (bei juristischen Personen die Stellung des Unterschriftsberechtigten innerhalb der Gesellschaft  
angeben).

The form must bear the personal signature(s) of the authorisor(s) (In the case of legal persons, that of the officer empowered to sign). After the signature, please type the name(s)  
of the signatory(ies) adding, in the case of legal persons, his (their) position within the company.

Le formulaire doit   tre sign   de la propre main du (des) mandant(s) (dans le cas de personnes morales, de la personne ayant qualit   pour signer). Veuillez ajouter    la machine,  
apr  s la signature, le (les) nom(s) du (des) signataire(s) en mentionnant, dans le cas de personnes morales, ses (leurs) fonctions au sein de la soci  t  .